

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90267 026 \*\*\*150.00

DOCUMENT # P98000051695

1. Corporation Name

ARTISTIC ENTERPRISES, INC.

Principal Place of Business

120 WOODLAKE WYNDE  
OLDSMAR FL 34677

Mailing Address

120 WOODLAKE WYNDE  
OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1998

4. FEI Number

59-3524781

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 314 MARTHA LANE

Suite, Apt. #, etc.

2a. Mailing Address

26 314 MARTHA LANE

Suite, Apt. #, etc.

City & State

23 OLDSMAR, FLORIDA

Zip

Country

24 34677

25 USA

City & State

28 OLDSMAR, FLORIDA

Zip

Country

29 34677

30 USA

9. Name and Address of Current Registered Agent

DEITELHOFF, JUDITH LYNN  
120 WOODLAKE WYNDE  
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

JUDITH LYNN

82 Street Address (P.O. Box Number is Not Acceptable)

314 MARTHA LANE

83

84 City

OLDSMAR

FL

85 Zip Code

34677

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME DEITELHOFF, JUDITH LYNN  
STREET ADDRESS 120 WOODLAKE WYNDE  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME JUDITH LYNN  
1.3 STREET ADDRESS 314 MARTHA LANE  
1.4 CITY-ST-ZIP OLDSMAR, FLORIDA 34677

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judith Lynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH LYNN

5/2/99

Date

(727) 785-9625

Daytime Phone #

CR2E034 (11/98)